

MDR Tracking Number: M5-04-1534-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 06-17-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The Butorphanol and other pain medicine were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 07-25-02 through 12/30/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 29th day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

March 25, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

REVISED REPORT
Corrected dates of service in dispute.

Re: MDR #: M5-04-1534-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Chronic Pain Management who is listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence and Plan documentation
H&P and office notes – 2002 – 2003
Physical therapy notes
Functional Capacity Evaluations
Operative report
Radiology report

Clinical History:

A work-related accident on ___ resulted in the claimant's complaint of lumbar pain and bilateral radicular pain. Lumbar MRI demonstrated posterior disc bulge at L4-L5 and mild to moderate desiccation/disruption at L5-S1. Conservative management, including chiropractic care, epidural steroid injections, and medical management were employed. Continued complaints of lumbar and radicular pain were issued with little indication of overall improvement.

Disputed Services:

Butorphanol and other pain medication during the period of 07/25/02 thru 12/30/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the pain medications in dispute as stated were medically necessary in this case.

Rationale:

With the date of injury being ____, the period of denial of medical management overlaps the acute injury phase. Whether pain problems are resultant from lumbar strain/sprain issues or lumbar degenerative disc disease, acute phase treatment almost always warrants medical management with analgesics, muscle relaxants, and nonsteroidal antiinflammatory agents.

If ongoing pain complaints in the chronic phase are resultant from discogenic pain, it is not unreasonable to incorporate medical management for continued pain problems. In fact, discogenic pain components are quite often treated medically in the sub-acute and chronic phases by medical management. With increasing speculations that IDET procedures do not reliably and predictably control discogenic pain issues, medical management may, indeed, become the main therapeutic modality for that pain problem.

Sincerely,